Facsimile Cover Sheet

OCT 1 4 2008

### AMGEN

Amgen Inc.
One Amgen Center Drive
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Thousand Oaks, CA 91320-1799
Phone: 805.447.1000
Pax: 805.499.8011

Date:

October 14, 2008

To:

Mail Stop Amendment

Attn: Michael Szperka

Commissioner for Patents

Group Art Unit 1644

Company:

United States Patent & Trademark Office

Phone:

Facsimile:

571-273-8300

From:

Robert B. Winter

Telephone:

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Facsimile

(805) 499-8011

Copies to:

Number of pages:

21 pages transmitted including facsimile cover sheet. If all pages are not received,

please contact Nola Diamond at (805) 447-2677.

Comments:

U. S. Serial No. 09/211,297, Amgen Docket No. A-451M

The following items are included in this response:

- 1. Fee Authorization/Amendment Transmittal (1 pg/1 original & 1 copy)
- 2. Response to Office Action (9 pgs)
- 3. Exhibit A (Declaration of John Sullivan) attachment to the Response (9 pgs)

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# RECEIVED FAX NO. 8054998011

OCT 1 4 2008

#### PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL Attorney's Docket No: A-451M						: A-451M		
Serial No.					,			
09/211,2		December 14, 1998   Szperka, Michael E.   1644					4	
In Re Application	of William J. BO	DYLE						
For Antibodies to Osteoprotegerin Binding Proteins								
TO THE COMMISSIONER FOR PATENTS:  Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):  One month of original due date (\$130.00)  One month of original due date (\$100.00)								
Two months of original due date (\$490.00)  Three months of original due date (\$1,110.00)  Four months of original due date (\$1,730.00)  Five months of original due date (\$2,350.00)  A response in connection with the matter for which this extension is requested:								
		n with the	e matter for whi	ich this extension i	s requ	estea:		
is filed herewith.								
nas been filed.								
☐ The r	esponse is the	filing of	a continuing ap	plication, the prior	applica	ation havi	ng an e	express
ohan.	donment condi	tionad or	i the arantina û	t a tiling date to the	3 CONU	numa app	nçauoi	1.
☐ ☑ The acco	mpanying pape	ers includ	ie amended cla	iims for which no a	aditior	nai tee is i	rednire	a.
The accompanying papers include amended claims the fee for which has been calculated as follows:								
			CLAIMS AS	AMENDED				
(1)	(2)	(3)	(4)	(5)		(6)		(7)
, ,	Claims		Highest number			Onto		Additional Fee
	remaining		Previously paid	i   claims present	• [	Rate		ree
	After		for		1			
Total Claims	amendment 11	Minus	42 =	= 0	×	\$52	=	\$ 0.00
Total Claims	2	Minus		0	×	\$220	=	\$ 0.00
First Appearance of a multiple dependent claim + \$390 = \$0.00								
Total Additional Fee for this Amendment \$ 0.00								
* if the entry in o	olumn 2 is less tha	the ente	Lin column 4 Maite	"O" in column 5				
" If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, write "20" in this space.								
1 was a sale and the base blooming a Decisionally Daild Earl IN THIS SPACE is lass than 3, Write "3" In this space.								
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior								
amendment or the number of claims originally filed.  The following other fees are incurred by the accompanying papers.								
i								
☐ Other: Other: ☐ Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$1.110.00.								
A duplicate copy of this petition is attached.								
If an additional extension of time is required, please consider this a request therefore.								
The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.								
Please Send Future Correspondence To:								
21069								
Dall Lat D. Milleton								
Dept 4300 M/S 28-2-C Attorney/Agent for Applicant(s)								
AMGEN INC Registration No.: 34,458								
One Amgen Center Drive Phone: (805) 447-2425								
Thousand Oaks, California 91320-1799, USA Date: October 14, 2008								

#### CERTIFICATE OF FACSIMILE TRANSMISSION

Hereby certify that this paper (strong with any referred to as being attached or enclosed) to being facsinitie transmitted to the United States Patent and Trademark Office on the date shown below:

October 14, 2008

October 14, 2008

Signature

## RECEIVED CENTRAL FAX CENTER NO. 8054998011

OCT 1 4 2008

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL Attorney's Docket No: A-451M								
Serial No.		Filing Date		Examiner		Group Art Unit		
09/211,			mber 14, 1998	Szperka, Michae	el E.		164	14
	In Re Application of William J. BOYLE							
For Antibodies to	Osteoproteger	in Bindir	ng Proteins					
TO THE COMMIS								
	(s) request(s) t	the follow	ving extension o	f time under 37 CF	R 1.13	36(a):		
<ul> <li>☐ One month of original due date (\$130.00)</li> <li>☐ Two months of original due date (\$490.00)</li> <li>☐ Three months of original due date (\$1,110.00)</li> <li>☐ Four months of original due date (\$1,730.00)</li> <li>☐ Five months of original due date (\$2,350.00)</li> <li>☑ A response in connection with the matter for which this extension is requested:</li> </ul>								
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⊠ is file	d herewith.							i
	een filed.			•				
☐ The r	esponse is the	filing of	a continuing ap	plication, the prior a	pplica	tion hav	ing an e	express
aban	donment condi	itioned o	n the granting of	a filing date to the	contir	nuing app	plication	۱.
				ims for which no ac				
☐ The accompanying papers include amended claims the fee for which has been calculated as follows:								
			CLAIMS AS	-Va 44-7-7	T	/ <b>a</b> \		· / <u>-</u>
(1)	(2) Claims	(3)	(4) Highest numbe	(5) r No. of Extra		(6)		(7) Additional
	remaining		Previously paid		1	Rate		Fee
	After	for						
	amendment				<u> </u>			
Total Claims	11	Minus	42 =		×	\$52	=	\$ 0.00
Indep. Claims	2	Minus	<u> 4 = </u>	0	X	\$220	=	\$ 0.00
First Appearance of a multiple dependent claim + \$390 = \$ 0.00  Total Additional Fee for this Amendment \$ 0.00						\$ 0.00		
								\$ 0.00
** If the "Highest	Number Previoush	y Paid For	y in column 4, write "IN THIS SPACE is	less than 20, write "20"	' in this	space.		
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.								
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior								
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Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$1,110.00.  A duplicate copy of this petition is attached.								
✓ If an additional extension of time is required, please consider this a request therefore.								
☑ The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.								
Please Send Future Correspondence To:								
21069								
U.S. Patent Operations/RBW Robert B. Winter								
Dept. 4300, M/S 28-2-C Attornéy/Agent for Applicant(s)								
AMGEN INC. Registration No.: 34,458 One Amgen Center Drive Phone: (805) 447-2425								
One Amgen Center Drive Phone: (805) 447-2425 Thousand Oaks, California 91320-1799, USA Date: October 14, 2008								
Indusand Oaks, California 91320-1799, USA Date: October 14, 2006								

#### CERTIFICATE OF FACSIMILE TRANSMISSION

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data shown below:	6 6 6 6 7				
October 14, 2008	lola & Bramono				
Date	Skinabre				